



Department of Medical Assistance Services
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MEDICAID MEMO

TO: All Providers of Maternal Infant Care Coordination (MICC) services participating in the Virginia Medical Assistance Programs, including Health Department Clinics, Federally Qualified Health Centers, Rural Health Clinics, Department of Social Service, Case Management Providers, Private Home Health Agencies and Community Service Boards. High risk maternity and infant program managers of the Medicaid Managed Care Organizations (MCOs).

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 10/6/2008

SUBJECT: Maternal and Infant Care Coordination (MICC) Prior Authorization Changes –
Effective November 1, 2008

The purpose of this memorandum is to notify Medicaid BabyCare providers of the changes to the prior authorization process for care coordination (G9002) services when providing Maternal Infant Care Coordination (MICC). This change will take effect with services provided on or after 11/1/08. The changes identified in this memorandum will be reflected in an upcoming BabyCare Provider Manual update.

DESCRIPTION OF MICC SERVICES

High risk pregnant women and infants, up to age two, who are Medicaid Fee-for-Service (FFS), FAMIS FFS, or FAMIS MOMS FFS eligible, may be enrolled in the MICC program to receive a variety of services to promote positive birth outcomes and healthy infants. MICC services consist of a clinical assessment and intensive case management services, which includes face-to-face visits in the home or community. MICC providers may include Health Department Clinics, Federally Qualified Health Centers, Rural Health Clinics, local Departments of Social Services, Case Management Providers, Private Home Health Agencies, and Community Service Boards. Medicaid Managed Care Organizations (MCOs) have their own high risk maternity and infant programs that offer services comparable to BabyCare.

If you are a provider in an area of the state with Medicaid and FAMIS Managed Care coverage, please note that most newly enrolled individuals in Medicaid, FAMIS, FAMIS Plus, FAMIS MOMS will not transition into an MCO for at least 60 days after being found eligible for benefits.

Intervening early in the pregnancy will benefit both the mother and infant. DMAS encourages providers not to wait to provide services until the enrollee is in a MCO. If you are already enrolled as a provider for an MCO, contact the MCO for information about their specific high risk maternity and infant program.

Please note that DMAS did increase the rates for MICC services in 2007, for both care coordination and mileage. DMAS has also streamlined the required documentation for reimbursement. If you have questions about BabyCare services, including MICC or Expanded Prenatal Services, or how to enroll as a provider, please contact the Maternal and Child Health Division at 804-786-6134 or email MICC@dmass.virginia.gov. You may also visit the Maternal and Child Health Services section on the website at www.dmass.virginia.gov and for more information on BabyCare as well as upcoming provider trainings.

PRIOR AUTHORIZATION REQUIREMENT FOR MATERNAL AND INFANT CARE COORDINATION (MICC)

Beginning with dates of service (Box 21 on the MICC record) **on or after 11/1/08**, the process by which providers are notified of the prior authorization decision for MICC services will change. Currently, DMAS emails notifications to the provider informing them of the result of the prior authorization decision. With this change, prior authorizations will be entered into the Medicaid Management and Information System (MMIS) and the letter of notification will be generated automatically. If the prior authorization request is denied, the notification letter will include information on appeals rights for the provider and recipient. Requests that are approved will include a prior authorization number. This prior authorization number must be included in Locator 23 of the CMS-1500 claim form. Claims submitted without a prior authorization number will be denied.

Please note that the documentation requirements for prior authorization remain the same. These requirements, as well as the billing codes and provider qualifications, can be found in the BabyCare Manual.

The first week of November 2008, DMAS will be issuing prior authorizations through MMIS for those providers who have current approval via email from DMAS. Thus, beginning with dates of service on or after November 1, 2008, claims for care coordination (G9002) will require the prior authorization number that you will receive via mail. If you do not receive a prior authorization number on an individual via mail by the end of November, please contact the Maternal and Child Health Division at 804-786-6134 to obtain the prior authorization number prior to billing.

MANAGED CARE ORGANIZATIONS

Medicaid Managed Care Organizations (MCOs) have their own high risk maternity and infant programs. Each MCO has established authorization and approval requirements for these programs. In addition, in order to provide services to managed care clients, providers must have a contract with the MCOs. Providers should contact the appropriate MCO about the requirements of their maternity and infant program. MCO rates are not subject to change with DMAS rate changes for MICC.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

“HELPLINE”

The “HELPLINE” is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid provider identification number available when you call.

All claims questions or concerns will be referred to the DMAS HELPLINE.

PROVIDER E-NEWSLETTER SIGN-UP

The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.